

LANDLORD QUESTIONNAIRE

**CITY OF CANFIELD INCOME TAX DEPARTMENT, 104 LISBON STREET, CANFIELD, OHIO 44406-1416 Phone:**  
**330-533-1101 ~ Fax: 330-533-2668 ~ Website: [www.canfield.gov](http://www.canfield.gov) ~ E-mail: [achristopher@canfield.gov](mailto:achristopher@canfield.gov)**

Name:  
Address:

DATE:

Per Ordinance 184.03 the imposition of one percent tax on all salaries, gross wages, commissions, tips, gratuities, and other compensation earned by resident or non-resident. To establish and maintain accurate records, the Income Tax Ordinance requires that you complete and return this form within ten days.

**FAILURE TO COMPLY WITH THE REQUIREMENTS OF PROVIDING THIS INFORMATION TO THE CITY AS REQUIRED CODIFIED ORDINANCE 184.03 IS A VIOLATION OF THE LAW PUNISHABLE BY A FINE OF UP TO \$1,000.00 PER ORDINANCE 184.99.**

**PLEASE PRINT.**

1. Owner's name \_\_\_\_\_ 2. Soc. Sec. # \_\_\_\_\_

3. Address \_\_\_\_\_ 4. Phone \_\_\_\_\_

5. Spouse's name \_\_\_\_\_ 6. Soc. Sec. # \_\_\_\_\_

7. Address \_\_\_\_\_ 8. Phone \_\_\_\_\_

9. Business name \_\_\_\_\_ 10. FEIN \_\_\_\_\_

11. Address \_\_\_\_\_

12. If filed a prior City of Canfield Income Tax Return, give name and account # used.

Name used \_\_\_\_\_ Account # \_\_\_\_\_

13. Address of rental property within the City of Canfield (attach list if necessary). 14. No Units 15. Date of purchase

\_\_\_\_\_  
\_\_\_\_\_

16. Check accounting period used for Federal Tax: \_\_\_ Calendar Year ending Dec. 31 \_\_\_ Fiscal Year ending \_\_\_\_\_

17. Number employees in the City of Canfield? \_\_\_\_\_ 18. Is withholding for Canfield \$100.00 or more per month? \_\_\_\_\_

19. Attach a list of employees (including building managers, custodial, maintenance, etc for whom no tax is withheld. Include name, address, and SSN of each person.

20. If a payroll service is used please give name of service, contact person, & phone number. \_\_\_\_\_

21. Type of ownership: \_\_\_ Individual Proprietorship \_\_\_ Corporation \_\_\_ S Corp \_\_\_ Partnership \_\_\_ LLC \_\_\_ Non-Profit

22. Send Business Net Profit Form To:

23. Send Withholding Forms To:

Name \_\_\_\_\_ Name \_\_\_\_\_

Care of \_\_\_\_\_ Care of \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

**24. Owner's name and address:**

If individual proprietorship  
give owner's name and address

If corporate subsidiary give name and  
address of parent company main office.

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**25. If partnership, association, or other unincorporated joint business venture list names and address of partners if they elect to pay tax on their proportionate shares:**

	Name	Address	City	State	ZIP
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**26. With reference to real estate properties located WITHIN the City does the business occupy, as tenant, real property rented from others? \_\_\_\_\_ If yes, to whom is rent paid? (Give owner or agent and address.)**

	Name	Address	City	State	ZIP	Phone #
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

**27. You are required to provide us with the name and address of the individual or business renting or leasing the property. If necessary, attach a list.**

	Name	Address	Date moved in
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**28. Please note any supplemental information here or use as additional space for providing requested information.**

\_\_\_\_\_  
\_\_\_\_\_

**29. The information hereby submitted is true and correct:**

\_\_\_\_\_  
Company Name (individual)  
\_\_\_\_\_  
Address City State Zip  
\_\_\_\_\_  
Phone Extension Fax  
\_\_\_\_\_  
Signature Date Title